ICOUE SI IF STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1500	-	07-36-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	-2	TOSK	08.15-0
RESPONSE FORMALITY REVIEW	Bun	130	10:17:01
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INDEX OF CLAIMS

,	Rejected	Ν	Non-elected	
=	Allowed	I	Interference	
_	(Through numeral) Canceled	Α	Appeal	
•	Restricted	0	Objected	

	÷	Kestricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
Final Original 1/5/03		Findi Original 1/13/03 7/7/6		Final	9
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(1)		51 8		101	
W I		52 5	 	102	
	+++++	54		104	
3 4 5	+++++	55	+++++	105	-+++++
6	++++	56	+++++	106	
6 7	++++	57	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	107	
8		58		108	
9	+++++	59		109	
to		60		110	
11		61		111	
12		62		112	
18		63		113	
14	\perp	64		114	
15	++++	65		115	+++++
16		66	++++++	116	+++++
18	+++++	68	++++++++++++++++++++++++++++++++++++	118	+++++
19	+++++	69	 	119	
20		70	++++++	120	++++
20		70	 	121	+++++
22		72	+++++	122	
28		73	+++++	123	
24		74	++++ +	124	+++++
26		75	+++++	125	
28 25 28		76	+++++	126	
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28		78	++++++++++++++++++++++++++++++++++++	128	
28 29 30 31 31		79		129	
3D		80		130	
31		81		131	
32 33		82		132	
33		83		133	
34 35		84		134	
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38		88		136	
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1321		92	++++	143	-+
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46) 14		96	 	146	
		97	 	147	-++++
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49 0	++++	99		149	-
50 2		100		150	

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

